

10/5/517

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO	10/51111	FILING DATE
APPLICANT(S)		

4-25-06

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2		1		1			52						
3			1				53						
4		2		1			54						
5		2		1			55						
6			1				56						
7			1				57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20	1		1				70						
21			1				71						
22			1				72						
23			1				73						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←	20	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	22	[REDACTED]	23	[REDACTED]			TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]